

# CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT State of Nevada

EMILY's List - NV

Name (print) Office (if applicable) District (if applicable)  
 1120 Connecticut Ave NW Washington DC 20036 202-326-1400  
 Mailing Address (include city and zip code) Telephone No.  
 E-Mail Address cfines@emilyslist.org

697

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PARTY ☐ IND. EXP. ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**  
 Period: January 1, 2003 - December 31, 2003

☒ **Report #1 - Due August 31, 2004**  
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004  
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004  
 All others Period: Jan. 1, 2004 - Aug. 26, 2004  
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ **Report #2 Due - October 26, 2004**  
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ **Report #3 Due - January 15, 2005\***  
 Period: Oct. 22, 2004 - Dec. 31, 2004  
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**  
 Period: January 1, 2004 - December 31, 2004

\* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

**FILE**

AUG 30 2004

**DEAN HELLER**  
 SECRETARY OF STATE

FOR OFFICE USE ONLY

## CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	2500.00	2500.00
2. Total Monetary Contributions Received of \$100 or Less	.00	.00

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	2500.00	2500.00
4. Total Value of In Kind Contributions Received in Excess of \$100	.00	.00

## EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	2500.00	2500.00
6. Total Monetary Expenses Paid of \$100 or Less	.00	.00
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	2500.00	2500.00
8. Total Value of In Kind Expenses in Excess of \$100	.00	.00

## AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing Is True and Correct.

Callie Kins  
 Signature

8/25/04  
 Date



EMILY's List - NV

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 291A.085	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Marcia de Braga for Assembly 11050 Fitz Lane Fallon, NV 89406	J	8/20/04	250.00
Susan Gerhardt for Assembly 2245 North Green Valley Prkwy #512 Henderson, NV 89014	J	8/20/04	500.00
Samantha Weitzel for Assembly 6100 Elton #1000 Las Vegas, NV 89107	J	8/20/04	500.00
Peggy Pierce for Assembly 5304 Gripsy Avenue Las Vegas, NV 89107	J	8/20/04	1000.00
Rosa Mendoza for Assembly 2552 North Crawford Street North Las Vegas, NV 89030	J	8/20/04	250.00

This page may be copied or duplicated if additional space is needed.